

Request for Restriction(s) of Protected Health Information

FORM IHS-912-1

This card is designed to be used by staff members to guide patients through the process of restricting the use of their health information in compliance with HIPAA regulations. If you would like additional information or have any questions, please contact your Health Information Management (Health Records) Department. Any patient requesting a restriction of their Protected Health Information (PHI) should be referred to the Health Information Management (Health Records) Department to obtain the appropriate form. Patient must complete this form in black ink; red ink or felt tip pens are not allowed.



A situation in which, without immediate medical treatment, an individual's life or limb would have been endangered or the patient is unconscious.

DEPARTMENT OF HEALTH AND HUMAN SERVICES INDIAN HEALTH SERVICE

REQUEST FOR RESTRICTION(S)

45 CFR 164.522(a)

I understand that I have the right to request restrictions as to how my protected health information may be used or disclosed to carry out treatment, payment or health care operations, or disclosed to family members and others involved in my care, and that IHS is not required to agree to the restrictions requested. Even if request for restriction is denied, you will generally have an opportunity to agree or object prior to disclosures to persons involved in your care. If IHS agrees to a requested restriction, it will be binding except in the case of emergency treatment. If restricted information is released for my emergency treatment, IHS will request the provider to not further use or disclose that information.

I request the following restriction(s) on the use or disclosure of my protected health information:

IHS is not required to agree to the restriction(s).
Any restriction(s) will be made at IHS's discretion.

John Q. Public
Signature of Patient or Legal Representative
(If Legal Representative, state relationship to patient)

April 15, 2003
Date

Patient must sign and date.

Patient should fill out this form on their own. If they are unable, a family member may complete the form. If a family member is unavailable, then a staff member may complete the form in their place.

Witness

☐ Accepted ☐ Denied

(If accepted, state which of the restrictions accepted)

Signature of SUD/CEO or Designee

Date

PATIENT IDENTIFICATION	NAME (Last, First MI)	RECORD NUMBER
	ADDRESS	
	CITY/STATE	DATE OF BIRTH

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POLICY: Under the HIPAA Privacy Rule, patients have the right to request restrictions on the use and disclosure of their Protected Health Information (PHI) to carry out treatment, payment and health care operations, hospital directories, and disclosure to relatives, family members, close friends, health care givers and any other person involved in the patient's care or payment who is identified by the patients.

Staff is not to agree to any requests for restriction(s) of PHI verbally.

IHS is not required to agree to the request with the exception of the request for restriction of hospital directory.

Frequently Asked Questions

Q: When can a patient expect to hear from IHS regarding the correction or amendment request?

A: A patient can expect to receive a photocopy with a date stamp within 10 business days and will be notified of approval or denial within 60 days after IHS receipt of the request. In some circumstances, IHS may extend this period for 30 days. If so, the patient will be notified of the extension.

Q: Is a patient required to provide a reason for the request?

A: No, the patient is not required to provide a reason.

Q: Will the patient's request for a restriction be agreed to?

A: IHS is not required to agree to the request, with the exception of the request for restriction of hospital directory.

Q: What is a hospital directory?

A: A hospital directory is a listing of all patients currently being treated at a facility.

Q: What constitutes "emergency treatment"?

A: A situation in which, without immediate medical treatment, an individual's life or limb would have been endangered or the patient is unconscious.

Q: If a patient's Personal Health Information is restricted, who will be allowed to see the information?

A: A restriction agreed to by IHS shall not prevent the following uses or disclosures:

- Disclosures to a patient who requests access to PHI about him/her
- Disclosures required by the Secretary of HHS to investigate or determine compliance by IHS with the HIPAA privacy rule
- Uses and disclosures of PHI for hospital directories, where the patient has not objected to such uses and disclosures
- Uses and disclosures required by law
- Disclosures about victims of abuse, neglect or domestic violence
- Uses and disclosures for health oversight activities
- Disclosures for judicial and administrative proceedings
- Disclosures for law enforcement purposes
- Uses and disclosures about decedents
- Uses and disclosures for organ, eye or tissue donation purposes
- Uses and disclosures for research purposes
- Uses and disclosures to avert a serious threat to health or safety
- Disclosures for workers' compensation
- Uses or disclosures for which no authorization is required

For additional training and more information see the HIPAA Training Coordinator at your site or facility. Additional forms, policies, procedures, training, and copies of the HIPAA Quick Reference cards are available online at www.ihs.gov.

